

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
09/151,781

FILING DATE  
03-02-01

APPENDIX(S)  
*AVAIL*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	0				
3	/	0				
4	/					
5	/					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	22					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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